

(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

MAY 01 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyi	chris Bourcier,	Tara Reardor	n, Chris Monroe	
II. Name of lobby	st's partnership, firm or c	orporation, if ar	ıy:	
New Hampsh	nire Community Loan	Fund		
(1	Name of partnership, firm or co	orporation)		- · · · · · · · · · · · · · · · · · · ·
7 Wall Stree	t	Concord, N	NH 03301	
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)
(603) 224-666		225-7425	e-mail kdery@cc	mmunityloanfund.o
(Telephon	e) _.	(Fax)		
reportable expens	e transactions which are n	ot attributable t	ts for each client, OR you may o any one client). the reporting date relative to the	
<u>OR</u>	(Full Name of Client as it	appears on the Lol	bbyist Registration Form)	
All reportable tr unrelated to any pa		including the lobb	byist's family), or the lobbying	firm listed below which ar
IV. Date of Repor	t April 24, 2019 🖔 ctivity from date of registration	n to 3/31/19	July 31, 2019 [] activity from 4/1/19 to 6/30/19	
	October 30, 2019 activity from 7/1/19 to 9/36	0/19	January 29, 2020 [] activity from 10/1/19 to 12/31/1	9
	ed, complete just this form a		transactions made since the e Secretary of State's Office, Sta	
VI. Check if addit	ional reports are attached	:		
🗴 If you have rec	eived fees or made expendi	tures, you must fi	le Addendum A- Fees and Exp	penses
☐ If you have pai Expense Reimburse		sed expenses, you	u must file Addendum B-"Repo	ort of Honorariums or
☐ If you, your fir	m, or your family has made	political contribu	itions, you must file Addendun	1 C- Political Contribution
I have read RSA 15	best of my knowledge and		ereby swear or affirm that the fo	regoing information is tru

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Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Chris Bourcier, Chris Monroe, Tara Rea	ardon
II. Name of lobbyist's partnership, firm or corporation, if any:	
New Hampshire Community Loan Fund	
(Name of partnership, firm or corporation)	
III. Name of Client N/A	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or public relations service:
a) Total of all fees received in this reporting period	a) \$ <u>0</u>
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$ <u>0</u> ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>0</u>
 d) Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this reportance and purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paic expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; than \$10 that is given to the persor of with a value of \$25.00 or less); and orting period of greater than \$25.00 for le of greater than \$25, but not greater than \$50, expense reimbursement, or politica
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.b) Total aggregate of expenditures during this reporting period, not reported	a) \$ _702.78
in a), of \$25 or less.	b) \$ 0
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d)702.78
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	c) \$ <u>0</u>
f) Total of all expenses year to date	f) \$ _702.78
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
	~~~~~~~~~
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
	4/30/19
(Signature of lobbyist)	'(Date)
Tara Reardon (Print Name of lobbyist)	

### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

# Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

lame of Lobbying partnership, firm, or corporation: New Hampshire Community Loan Fund			
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client):			
Date of Report (check	one):		
April 24, 2019 🗵	July 31, 2019 🗆	October 30, 2019 🗆	January 29, 2020 □
			nd Expenses described above, and umber of Addendum forms being
Addendum A(	s).		
Addendum B(	s).		
Addendum C(	s).		
•	f my knowledge and be		nt and each Addendum is true and
(Print Name of lobbyi	st)		

### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

# Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying part	nership, firm, or corpo	ration: New Hampshir	e Community Loan Fund
Name of Client (leave l	olank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client):	<del></del>		
Date of Report (check	one):		
April 24, 2019 🔼	July 31, 2019 □	October 30, 2019 🗆	January 29, 2020 □
			nd Expenses described above, and umber of Addendum forms being
1_ Addendum A(s	).		
Addendum B(s	).		
Addendum C(s	).		
I hereby swear or affirm complete to the best of (Signature of Jobbyist)	2 2		nt and each Addendum is true and
Chris Bourcier			
(Print Name of lobbyist	<u> </u>		

### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

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Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

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April 24, 2019 🖄	July 31, 2019 🗆	October 30, 2019 🗆	January 29, 2020 □
			nd Expenses described above, and umber of Addendum forms being
1_ Addendum A(	s).		
Addendum B(	s).		
Addendum C(	s).		
•	m that the foregoing in fmy knowledge and bel		nt and each Addendum is true and
(500)	20-	4,	130/19
(Signature of lobbyist)			(Date)
Chris Monroe			
(Print Name of lobbyis	st)		